| Application | # |  |
|-------------|---|--|
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Harnett County Central Permitting
420 McKinney Pkwy / PO Box 65 Lillington, NC 27546 – centralpermitting@harnett.org
Ph.: 910-893-7525 - Fax: 910-893-2793 / www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

| Owner (s) of Structure: Byendan bayes Phone: 919-1019-7370  |
|---|
| Owner (s) Mailing Address: PO BOX 111   |
| FOLLY OCIKS INC   |
| Land Owner Name (s): Byendan Bavelox Phone: (19-669-7370)   |
| Construction or Site Address: 205 E. EVWIN 31. CCCHS, NC  |
| PIN # Parcel #  |
| Job Cost (Required): Description of Work to be done Charge at 2 ton   |
| Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other   |
| Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number   |
| Plumbing: Water/Sewer Tap Number of Baths Water Heater  |
| Specific Directions to Job from Lillington:   |
|   |
| Subdivision: Lot #:   |
| Byent Bersley Chvi > SinclCiiV Will provide the HVAC Elect. labor on this structure.  (Contractors Name)  |
| I am the building owner or my NC state license number is QUQ) (378) Which entitles me to  |
| perform such work on the above structure legally. All work shall comply with the State Building Code and all  |
| other applicable State and local laws, ordinances and regulations.  |
| Bonsley's Lectioned Air Trc. Sinclair Contractor's Company Name  Contractor's |
| Structure Owner / Contractor Signature:  Date: 4105104  |
| By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work  |

\*Company name, address, & phone must match information on license Faxed or Mailed application could have an approximately 1-5 day process time